

# **DRAFT**

## **Attachment B**

### **DMH Vision Statement**

#### **Mental Health Services Act**

#### **County Plans for Systems of Care Services Component**

**(Proposition 63 Initiative – passed November 2, 2004)**

We have a unique opportunity to fundamentally transform how mental health care is conceptualized and delivered in California. Consistent with the intent of the [Mental Health Services Act \(MHSA\)](#), the State Department of Mental Health (DMH) intends to assure that county mental health departments expend funds made available through this initiative to transform the current mental health system in California and move it from its present state toward a state-of-the-art culturally competent system that promotes recovery/wellness through independence, hope, personal empowerment, and resiliency for adults and seniors with severe mental illness and for children with serious emotional disorders and their families. This will not be “business as usual”. Eventually access will be easier, services more effective and out-of-home and institutional care will be reduced.

The MHSA requires accountability and defined outcomes for the services that counties will provide. It is the intent of DMH to work with a broad stakeholder group consistent with the purpose and intent of the MHSA, to develop specific methods to monitor and demonstrate progress with respect to the following MHSA goals:

- To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
- To expand the types of successful, innovative service programs for children, adults and seniors begun in California (i.e., AB 2034, WrapAround, etc.), including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated effectiveness in providing outreach and integrated services, including medically necessary psychiatric services and other services to individuals most severely affected by or at risk of serious mental illness.
- To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

- To reduce the stigma associated either with being diagnosed with a mental illness or seeking mental health services.

Achievement of the MHSA accountability goals necessitates statewide adoption of consistent, effective service delivery approaches as well as standard performance indicators, data measurement and reporting strategies.

The transformational process will rely on not only the goals reflected in the Mental Health Services Act, but also the principles articulated in the President's New Freedom Commission on Mental Health report. We will want to measure accountability by incorporating the spirit of the Institute of Medicine's *Crossing the Quality Chasm* report, as well as embodying the vision, mission and values of the public mental health system as articulated in the California Mental Health Planning Council's *Master Plan*. It is important to consider previous reviews of the public mental health system such as the Little Hoover Commission reports and the reports of the Select Committee of the California Legislature. We can learn from our past and we will build on our strengths.

Under a transformed system, it will be important for significant changes to occur in the following areas:

#### Consumer and Family Participation and Involvement

- Significant increases in the level of participation of clients and families in all aspects of the public mental health system including but not limited to: planning, policy development, service delivery, and evaluation.
- Increases in consumer-operated services such as drop-in centers, peer support programs, warm lines, crisis services, case management programs, self-help groups, family partnerships, parent/family education, and consumer provided training and advocacy services.
- Full implementation of an approach to services through which each client and her/his family, as appropriate, participates in the development of an individualized plan of services determined by the individual's goals, strengths, needs, race, culture, concerns and motivations.

#### Programs and Services

- Changes in access and increased geographic proximity of services so that clients will be able to receive individualized, personalized responses to their needs within a reasonable period of time and to the extent needed to enable them to live successfully in the community.
- Elimination of service policies and practices that are not effective in helping clients achieve their goals. Ineffective treatment methods will be replaced by the development and expansion of new evidence-based and promising practices, policies, approaches, processes and treatments

which are sensitive and responsive to clients' cultures and produce more favorable outcomes. Policy and procedures will also be established to ensure that changes in service array in the future are based on intended outcomes. This will necessitate increased training and support for the mental health workforce.

- Increases in the array and types of available services so that adult clients and youth with their families will be able to choose, in consultation with mental health professionals, the kinds of services and the intensity of services that will assist them in attaining the goals in their individualized plans.
- Integrated treatment for persons with serious mental illness and serious substance use disorders through a single individualized plan, and integrated screening and assessment for co-occurring mental illness and substance use at all points of entry into the service system.
- For youth and their families, implementation of specific strategies to achieve more meaningful collaboration with child welfare, juvenile justice, education and primary healthcare, in order to provide comprehensive services designed to enable youth to be safe, to live at home, to attend and succeed in school, abide by the law and be healthy and have meaningful relationships with their peers.
- For transition-age individuals, programming to address the unique issues of this population who must manage their mental health issues while moving toward independence. This should include a point of contact who would follow youth as they transition from the youth systems into the adult system or move out of the mental health system. To meet the needs of these youth, programming needs to include specific strategies for collaboration between the youth and adult systems of care, education, employment and training agencies, independent living programs and housing and redevelopment departments.
- For adults, implementation of specific strategies to achieve more meaningful collaboration with local resources such as physical health, housing, employment, education, law enforcement and criminal justice systems in order to promote creative and innovative ways to provide integrated services with the goals of adequate health care, independent living and self-sufficiency.
- For all ages, reductions in the negative effects of untreated mental illness including reductions in homelessness, incarceration, suicide, and unemployment.

- For older adults implementation of specific strategies to increase access to services such as transportation, mobile and home-based services, comprehensive psychiatric assessments which include a physical and psychosocial evaluation, service coordination with medical and social service providers and integration of mental health with primary care. The ability to reside in their community of choice should be a critical planning principle.

### Community Partnerships

- Significant increases in the numbers of agencies, employers, community-based organizations and schools that recognize and participate in the creation of opportunities for education, jobs, housing, social relationships and meaningful contributions to community life for all, including persons with mental illness. Care must be collaborative and integrated, not fragmented.

### Cultural Competence

- Outreach to and expansion of services to client populations to more adequately reflect the prevalence estimates and the ethnic diversities within counties and to eliminate disparities in accessibility and availability of mental health services.
- Implementation of more culturally and linguistically competent assessments and services that are responsive to a client's culture, race, ethnicity, age, gender, sexual orientation and religious/spiritual beliefs.

### Outcomes and Accountability

- Expanded commitment to outcome monitoring including developing/refining strategies for evaluation of consumer outcomes, and system and community indicators, using standardized measurement approaches whenever possible. Data needs to be readily accessible and viewed as an essential part of program planning.